

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_  
SMALL CLAIMS DEPARTMENT

\_\_\_\_\_

\_\_\_\_\_,  
Plaintiff(s),

vs.

\_\_\_\_\_

\_\_\_\_\_,  
Defendant(s).

Case No. \_\_\_\_\_

SMALL CLAIMS MOTION TO APPEAR  
BY TELEPHONE

☐ Plaintiff(s) / ☐ Defendant(s), (name) \_\_\_\_\_, ask(s):

☐ to appear by telephone, my/our telephone number is \_\_\_\_\_,

☐ to present the following witness(es)' testimony by telephone:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The trial is at \_\_\_\_\_ o'clock, \_\_\_\_\_ m. on (date) \_\_\_\_\_.

The reasons for this motion are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Before the trial, I/we will submit all documents I/we want the court to consider.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature